

CORPUS CHRISTI CATHOLIC EDUCATION**2016 - 2017 REGISTRATION FORM****Family Last Name:** _____

Street Address: _____ Apt. # _____ City: _____ Zip Code: _____

Home Phone: _____ Family email: _____

Father's Name: _____

Cell #: _____ Work #: _____

Mother's Name: _____

Cell #: _____ Work #: _____

Child 1 Last Name: _____ First: _____ Middle: _____Lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Grandparents ☐ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ Grade: _____

Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

Child 2 Last Name: _____ First: _____ Middle: _____Lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Grandparents ☐ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ Grade: _____

Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

Child 3 Last Name: _____ First: _____ Middle: _____Lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Grandparents ☐ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ Grade: _____

Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

COPY OF BAPTISMAL CERTIFICATE REQUIRED AT REGISTRATION FOR STUDENTS IN EUCHARIST/CONFIRMATION CLASSOur Program times are as follows: PLEASE CIRCLE A TIME FOR YOUR ELEMENTARY CHILD

SUNDAY	SUNDAY	TUESDAY	WEDNESDAY
6th - 8th GRADE JR. HIGH (not a sacrament class) 3:00 - 4:30 pm	9th - 12th HIGH SCHOOL (not a sacrament class) 6:00 - 7:30 pm	(K-5) 4:15 - 5:45 pm or (K-5) 6:00 - 7:30 pm	(K-5) 2:15 - 3:45 pm or (K-5) 4:15 - 5:45 pm

Carpool/Teacher Request: _____**REGISTRATION FEES:** _____ 1 Child: \$75 _____ 2 Children: \$120 _____ 3 or more Children: \$150_____ **Sacramental fee: \$15 (additional fee) Reconciliation & Eucharist/Confirmation**Please make checks payable to: **Corpus Christi Catholic Church**

Date received: _____ Payment received: _____ Check #: _____ Cash: _____ Charge: _____ PDS: _____

Questions? Contact us at 480-893-1160

Roman Catholic Diocese of Phoenix
Photographic and Interview Release

Today's date: _____

I hereby grant my consent to use and release to the Catholic Diocese of Phoenix and Corpus Christi Catholic Church, the use of my child's name or likeness, whether in still, motion pictures, audio and videotape, photograph and/or other reproduction including voices and features with or without names for any promotional purposes involving the Diocese or Corpus Christi Catholic Church, news or feature stories in our Bulletin, The Catholic Sun, or local media, except for the endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians, therefore, this release form must be signed by parents/guardians when the individual is a minor.

Student Name (Please Print Name)

Address City, State, Zip Code

Phone

Signature – Parent/Guardian (if minor)

Address City, State, Zip Code

Phone